

Community Pathways – Draft Proposal

Service Type: Statutory Service

Service (Name): Residential Habilitation

Alternative Service Title: **SUPPORTED LIVING**

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☒ Service is not included in the approved waiver.

Service Definition:

- A. Supported Living services provide individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice, with whom and where they want to live, and the type of community activities in which they wish to be involved based on their personal resources.
- B. Service assists individuals in living independently and provides opportunities to help the individual help shape the direction of their lives. Individuals can choose to live on their own or with a roommate and learn how to make everyday decisions, such as what to cook for dinner, how to manage money, and engage and participate in their community.
- C. Supported Living services may be provided in the individual's own house or apartment.
- D. Service may include coordination, training, supports, and/or supervision (as indicated in the person centered plan) related to:
 - 1. self-advocacy;
 - 2. adaptive skills;
 - 3. community engagement;
 - 4. daily living;
 - 5. health-related matters;
 - 6. personal care;
 - 7. protection and oversight;
 - 8. social and leisure skills; and
 - 9. transportation and travel training.

SERVICE REQUIREMENTS:

- A. Under the Supported Living service model the following applies:
 - 1. If individuals choose to live with housemates, no more than four individuals receiving services may share a residence;

2. Couples sharing a home where one or both individuals receive services may share a bedroom if they choose;
 3. Other housemates shall have a private bedroom;
 4. Services may include up to 24 hours of support including a combination of habilitation and/or personal supports as specified in the person centered plan;
 5. Each resident in the home has free choice of service providers and is not required to use the same Supported Living service provider chosen by their housemates;
 6. The residence (house or apartment) is a private dwelling, not a licensed site and must be owned or leased by at least one of the individuals residing in the home and/or by someone designated by one of those individuals such as a family member or legal guardian; and
 7. All residents receiving Supported Living must have a legally enforceable lease or service agreement that offers them the same tenancy rights that they would have in any public housing option.
- B. Supported Living Retainer Fees is available for 30 days per year per recipient when the recipient is unable to receive Supported Living services during a hospitalization. Payment is intended to assist individuals in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.
- C. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes, but not limited to Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).
- D. Supported Living services are not available to individuals receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Enhanced Supervision Services.
- E. Transportation costs associated with the provision of Supported Living supports and services outside the individual's home is covered under the standalone transportation waiver services.
- F. The program does not make payment to spouses, legally responsible individuals, or family members living in the home, including legally responsible adults of children and representative payee, for supports or similar services.
- G. The individual may use a relative to provide services under the following conditions when documented in the person centered plan:
1. Choice of provider truly reflects the individual's wishes and desires;
 2. The provision of services by the relative are in the best interests of the individual;
 3. The provision of service by the relative is appropriate and based on the individual's individual support needs;
 4. The services provided by the relative will increase the individual's independence and community integration;
 5. There are documented steps in the person centered plan that will be taken to expand the individual's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the relative acting in the capacity of an employee can no longer be available; and
 6. a Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the individual in making her/his own decisions.

- H. Supported Living may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.
- I. Supported Living services shall be provided for at least 6 hours a day to an individual or when the individual spends the night in the residential home.
- A. The Medicaid payment for Supported Living service may not include either of the following items which the provider is expected to collect from the individual:
1. Room and board; or
 2. Any assessed amount of contribution by the individual for the cost of care.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Residential Retainer Fees is limited to up to 30 days per year per recipient.

Service Delivery Method (check each that applies)

☐ Participant Directed as specified in Appendix E

☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

☐ Legally Responsible Person

☒ Relative

☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Supported Living Provider

Provider Category: Agency

Provider Type: Supported Living Provider

Provider Qualifications License (specify):

Licensed Supported Living Provider as per COMAR 10.22.XX (tbd)

Certificate (specify):

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

- DDA for verification of provider license

Frequency of Verification:

- DDA - annually